| 1836 (Rev. 7-98) IS, Formerly TREASURY DOCUM | Identification | PT-03129 Procedure | | | | |
|--|------------------------|---|---|---|---|---|
| Subject On-Duty Accident R | Effective | 7-1-2004 | | | | |
| For EMPLOYEE and HEALTH AND SAFETY HANDBOOKS | | Also See CT-03050, 51; ET-03071, | | | | Page 1 of 2 |
| | | 73; FT-03018 | | Replaces PT-03129 (6-1-2000) | | |
| WHO | WHEN | | | ACT | ION | |
| | | Treasury location and a to and working with Tr | | ats are designated at each the responsible for reporting easury's Health and Safety the and safety issues and | | |
| | | | | In addition to maintain Treasury Building empl and Safety Agent also m. Treasury employees, rec from the Supervisors. Agents maintain files onl working at their offices. | oyees, Treasu aintains a file eiving copies Field Health | ry's Health on all other of reports and Safety |
| | | | Personal Injury Accidents | | | |
| Employee | | 1. | Is in | njured in an accident while | on duty. | |
| Employee or Designated Representative | Immediately | 2. | Not | ifies immediate Supervisor | of injury. | |
| Supervisor | As Soon as Possible | 3. | Completes form 1899 TREASURY ACCIDENT REPORT (formerly M-1471) and gives to employee to sign. (If employee is unable to sign, completes without their signature.) | | | |
| 4. Distrib | | ributes original and copies of 1899 as follows: | | | | |
| | | | A. | White and yellowto Tre | asury's Health | and Safety |
| | | | B. | Pinkto Treasury's Hea accident occurs at Treas Health and Safety Agent office | ury Building, | or to Field |

C. Goldenrod--to Employee.

| | | | | Effective | 7-1-2004 | | |
|---|------------------------|---|---|----------------------------|--------------------------|--|--|
| | | | | | Page 2 of 2 | | |
| WHO | WHEN | | ACTION | | | | |
| Employee | | 5. | Obtains copies of any doctor/hospital bills incurred due to accident and forwards to Treasury's Health and Safety Agent. Motor Vehicle Accidents | | | | |
| | | | | | | | |
| | | Note: All employees are required to wear seat belts all times when on official state business. | | | | | |
| Employee (Driver) | | 6. | Is involved in a vehicle accident (in State-owned or personal vehicle) while on duty. | | | | |
| | | 7. | Obtains copy of police report. | | | | |
| | As Soon as Possible | 8. | Obtains form DMB-VTS 7: REPORT from own bureau Finance and Accounting Divisi | n/office/divisio | n or from | | |
| | | 9. | Submits DMB-VTS 72 and a Finance and Accounting Divisi | | ce report to | | |
| Employee (Driver | | 10. | Follows steps 1 through 5 above | ve. | | | |
| and/or Passenger) | | | All Accidents | | | | |
| Field or Treasury's Health and Safety Agent | | 11. | Receives copy of 1899 an information on MIOSHA for RELATED INJURIES AND I Form Instruction FT-03018 i Handbook. | m 300 LOG (LLNESSES, a | OF WORK- according to | | |

Subject

On-Duty Accident Reports, Prepare and Distribute

End

PT-03129

Procedure

Identification